Form PTO-1083

Patent

Atty Docket No. NIT-332

Confirmation No. 3456

Group Art Unit: 2141

Examiner: K. D. Shingles

OR

OR

Appl. No.:

Applicant:

10/082,326

For:

STORAGE SYSTEM

URATANI et al.

Commissioner for Patents P.O. Box 1450

MAIL STOP: AMENDMENT

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

Small entity of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.

A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) Claims Remaining After		Highest No. Previously Paid For	Present Extra
Total	Amendment * 3	Minus	** 3	= 0
Indep.	* 1	Minus	*** 1	= 0
First	presentation of	Multiple De	pendent Claims	

SMALI Rate	Additional Fee
X 25	\$
X 100	\$
X 180	\$
Total	\$

SMALL ENTITY Additional Rate Fee X 50 \$ X 200 \$ X 360 \$ Total \$

OTHER THAN A

If the entry in Col. 1 is less than or equal to the entry in Col. 2, write "0" in col. 3.

If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, write '20' in this space. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write '3' in this space.

The 'Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed

	Please charge my Deposit Account No. 50-1417 in the amount of \$
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 \boxtimes A Credit Card Payment Form in the amount of \$940.00

冈 The Commissioner is hereby authorized to charge payment of the following fees associated with this

communication or credit any overpayments to Deposit Account No. 50-1417.

 \boxtimes Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

 \boxtimes Any patent application processing fees under 37 CFR 1.17.

 \boxtimes Any Extension of Time fees that are necessary, which Extension of Time is hereby Petitioned for, if necessary.

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